

4

15/08/2003 15:31 FAX

002/005

MAY. 6, 2003 3:17PM SCH: REMLEY

NO. 857 P. 6

OP ID NS
MID-C-1 DATE (MM/DD/YYYY)
05/08/03**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DUCER

Sifman, Remley & Assoc., Inc
11 Johnson Drive, Suite 500
ision KS 66205
one: 913-831-1777 Fax: 913-831-4730

RED

Mid-Continental Restoration Co
Inc.
P O Box 429
Ft. Scott KS 66701

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURERS AFFORDING COVERAGE NAIC

INSURER A:	Zurich Insurance Company
INSURER B:	WestPort Insurance Corporation
INSURER C:	Zurich Insurance Company
INSURER D:	
INSURER E:	

ERAGES

POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000
X COMMERCIAL GENERAL LIABILITY	GL0351723801	07/01/02	07/01/03	DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 300,000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
X Contractual				PERSONAL & ADV INJURY \$ 1,000,000
GEN. AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 1,000,000
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000
X ANY AUTO	BAP3517240-01	07/01/02	07/01/03	
<input type="checkbox"/> ALL OWNED AUTOS	TAP3517241-01	07/01/02	07/01/03	BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
X HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
X NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
<input type="checkbox"/> EA ONLY				AGG \$
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ 5,000,000
X OCCUR <input type="checkbox"/> CLAIMS MADE	TWG000390	07/01/02	07/01/03	AGGREGATE \$ 5,000,000
<input type="checkbox"/> DEDUCTIBLE				\$
<input type="checkbox"/> RETENTION \$				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X WC STATUS TORY LIMITS EL EACH ACCIDENT \$ 1000000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED?	WC351723901 (EXCEPT MONOPOLISTIC STATES)	07/01/02	07/01/03	EL DISEASE - EA EMPLOYEE \$ 1000000
yes describe under SPECIAL PROVISIONS below				EL DISEASE - POLICY LIMIT \$ 1000000
OTHER				

PTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES PROJECT - JOB

195007. GENERAL LIABILITY - CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER ATTACHED FORM CG2010.

CIFICATE HOLDER

CANCELLATION

SWINERT

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL NOTIFY THE CERTIFICATE HOLDER BY MAIL 30 DAYS IN ADVANCE. NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, SHOULD THE INSURER DECIDE TO REPOVISION THE POLICY, THE INSURER WILL NOTIFY THE CERTIFICATE HOLDER BY MAIL 30 DAYS IN ADVANCE.

AUTHORIZED REPRESENTATIVE

Danny Remley NW

Swinerton Builders
55 Waugh Dr., Ste. 1200
Houston TX 77007

5/08/2003 15:31 FAX

MAY. 8. 2003 3:17PM SCI W REMLEY

003/005

NO. 857 P. 7

Policy Number: GL0351723801
Named Insured: Mid-Continental Restoration Co., Inc.

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

University of Houston Clear Lake

Swinherton Builders, Its parent and
affiliated companies, The Owner,
et al, Hellmuth, Obata & Kassabaum, Inc.,
and Other parties as required by Owner
and/or construction activities.

(If no entry appears above, information required to complete this endorsement will be shown in the
Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown
in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional
Insured(s) shall be primary insurance as respects any claim, loss of liability arising out of the Named
Insured's ongoing operations, and any other insurance maintained by the Additional Insured(s) shall be
excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability of interest clause.

15/08/2003 15:31 FAX

4 004/005

MAY. 8. 2003 3:16PM SCHI. REMLEY

NO. 857 P. 2

1

DATE (MM DD/YY)
05/01/03

ACURD

Huffman, Remley & Assoc., Inc
61 Johnson Drive, Suite 500
Mission KS 66205

one: 913-831-1777 Fax: 913-831-4730

IREB

Mid-Continental Restoration Co
Inc.
P O Box 429
Ft. Scott KS 66701

VERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EXCLUSIONS AND CONDITIONS OF WARRANTY

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
<input type="checkbox"/>	PROPERTY				BUILDING	\$
<input type="checkbox"/>	CAUSES OF LOSS				PERSONAL PROPERTY	\$
<input type="checkbox"/>	BASIC				BUSINESS INCOME	\$
<input type="checkbox"/>	BROAD				EXTRA EXPENSE	\$
<input type="checkbox"/>	SPECIAL				BLANKET BUILDING	\$
<input type="checkbox"/>	EARTHQUAKE				BLANKET PERS PROP	\$
<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input checked="" type="checkbox"/>	INLAND MARINE	MCP2994130	07/01/02	07/01/03	<input checked="" type="checkbox"/> Builders Risk	\$ 500,000
<input type="checkbox"/>	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 2,500
<input type="checkbox"/>	Boilermkrs & etc				<input checked="" type="checkbox"/> Transit	\$ 500,000
<input type="checkbox"/>	CAUSES OF LOSS				<input checked="" type="checkbox"/> Temporary Storage	\$ 500,000
<input type="checkbox"/>	NAMED PERILS					\$
<input type="checkbox"/>	OTHER					\$
<input type="checkbox"/>	CRIME					\$
<input type="checkbox"/>	TYPE OF POLICY					\$
<input type="checkbox"/>	BOILER & MACHINERY					\$
<input type="checkbox"/>	OTHER					\$

SECTION OF PREMISES/DESCRIPTION OF PROPERTY

RIAL CONDEMNATION & OTHER COVERAGES

SWINT-1

SWINERTON BUILDERS
ATTN. ROBERT CUMMINGS
55 WAUGH DRIVE, STE 1200
HOUSTON TX 77007

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE L. I. FT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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5/08/2003 15:31 FAX

MAY. 8. 2003, 3:16PM SCH N REMLEY

005/005

NO. 857 P. 3

OTEPAD

Exterior Building Repair - University of Houston - Clear Lake, Student
Services/Classroom Building, Houston, TX JOB #02095007

05/08/2003 15:30 FAX

001/005

FAX**DATE**

5/8/2003

OF PAGES INCLUDING COVER 5

D: RUSSELL WILSON**HONE:** (713) 986-1465**AX PHONE:** (713) 986-1484**FROM:** SUSAN**MID-CONTINENTAL
RESTORATION CO., INC.**400 E HUDSON
PO BOX 429
FT SCOTT KS 66701-0429**PHONE:** 620-223-3700 EXT 22
FAX PHONE: 620-223-5052**ARD**
CPY YES NO**EMARKS:** URGENT FOR YOUR REVIEW REPLY ASAP PLEASE COMMENT

hanks

ACORD CERTIFICATE OF LIABILITY INSURANCE					OP ID NS MID-C-1	DATE (MM/DD/YYYY) 05/08/03
<p>PRODUCER hifman, Remley & Assoc., Inc 01 Johnson Drive, Suite 500 ssion KS 66205 Phone: 913-831-1777 Fax: 913-831-4730 JRED</p> <p>Mid-Continental Restoration Co Inc. P O Box 429 Ft. Scott KS 66701</p>					<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>	
INSURERS AFFORDING COVERAGE					NAIC #	
INSURER A: Zurich Insurance Company INSURER B: WestPort Insurance Corporation INSURER C: Zurich Insurance Company INSURER D: INSURER E:						
VERAGES						
<p>THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
ADD'L INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
X	GENERAL LIABILITY	GL0351723801	07/01/02	07/01/03	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Contractual				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/>				GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		PRODUCTS - COMP/OP AGG	\$ 1,000,000			
POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
X	AUTOMOBILE LIABILITY	BAP3517240-01 TAP3517241-01	07/01/02 07/01/02	07/01/03 07/01/03	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
X	NON-OWNED AUTOS	TWG000390	07/01/02	07/01/03	OTHER THAN EA ACC AUTO ONLY: AGG	\$
	<input type="checkbox"/>				EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
	<input type="checkbox"/>					\$
	<input type="checkbox"/>					\$
<input type="checkbox"/>		\$				
EXCESS/UMBRELLA LIABILITY						
X	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	TWG000390	07/01/02	07/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> DEDUCTIBLE				E.L. EACH ACCIDENT	\$ 1000000
	<input type="checkbox"/> RETENTION \$				E.L. DISEASE - EA EMPLOYEE	\$ 1000000
	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT	\$ 1000000
	<input type="checkbox"/>					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						
If yes, describe under SPECIAL PROVISIONS below						
OTHER						
SECTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES PROJECT- JOB 095007. GENERAL LIABILITY-CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER ATTACHED FORM CG2010.						

CERTIFICATE HOLDER	CANCELLATION
Swinerton Builders 55 Waugh Dr., Ste. 1200 Houston TX 77007	SWINERT
	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL <input checked="" type="checkbox"/> MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.</p> <p>IMPOSITION OF CO-OPERATION ON THE POLICYHOLDER UPON WHICH THE POLICY IS ISSUED</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Shay Penley / New</i></p>

Policy Number: GL0351723801 Commercial General Liability
Named Insured: Mid-Continental Restoration Co., Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE F

Name of Person or Organization: University of Houston Clear Lake

Swinerton Builders, its parent and affiliated companies, The Owner, et al, Hellmuth, Obata & Kassabaum, Inc., and Other parties as required by Owner and/or construction activities.

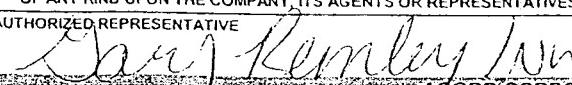
University of Houston Clear Lake

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

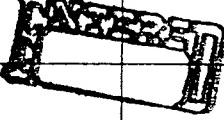
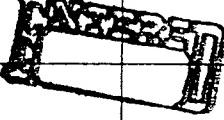
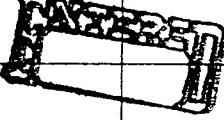
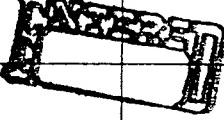
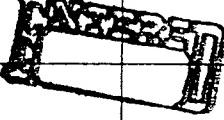
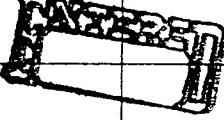
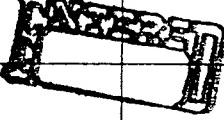
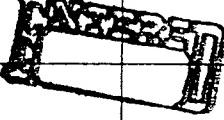
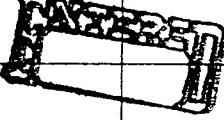
It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional Insured(s) shall be primary insurance as respects any claim, loss or liability arising out of the Named Insured's ongoing operations, and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability of interest clause.

ACORD CERTIFICATE OF PROPERTY INSURANCE		DATE (MM/DD/YY) 05/08/03								
DUCER nifman, Remley & Assoc., Inc 11 Johnson Drive, Suite 500 ssion KS 66205 one: 913-831-1777 Fax: 913-831-4730 REO Mid-Continental Restoration Co Inc. P O Box 429 Ft. Scott KS 66701										
<p align="center">THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <p align="center">COMPANIES AFFORDING COVERAGE</p> <table border="0"> <tr> <td>COMPANY</td> <td>A Zurich Insurance Company</td> </tr> <tr> <td>COMPANY</td> <td>B</td> </tr> <tr> <td>COMPANY</td> <td>C</td> </tr> <tr> <td>COMPANY</td> <td>D</td> </tr> </table>			COMPANY	A Zurich Insurance Company	COMPANY	B	COMPANY	C	COMPANY	D
COMPANY	A Zurich Insurance Company									
COMPANY	B									
COMPANY	C									
COMPANY	D									
<p align="center">COVERAGES</p> <p align="center">THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>										
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS					
<input type="checkbox"/> PROPERTY				BUILDING	\$					
<input type="checkbox"/> CAUSES OF LOSS				PERSONAL PROPERTY	\$					
<input type="checkbox"/> BASIC				BUSINESS INCOME	\$					
<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$					
<input type="checkbox"/> SPECIAL				BLANKET BUILDING	\$					
<input type="checkbox"/> EARTHQUAKE				BLANKET PERS PROP	\$					
<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$					
<input checked="" type="checkbox"/> INLAND MARINE	MCP2994130	07/01/02	07/01/03	<input checked="" type="checkbox"/> Builders Risk	\$ 500,000					
<input type="checkbox"/> TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 2,500					
<input type="checkbox"/> Builders Risk				<input checked="" type="checkbox"/> Transit	\$ 500,000					
<input type="checkbox"/> CAUSES OF LOSS				<input checked="" type="checkbox"/> Temporary Storage	\$ 500,000					
<input type="checkbox"/> NAMED PERILS					\$					
<input type="checkbox"/> OTHER					\$					
<input type="checkbox"/> CRIME					\$					
<input type="checkbox"/> TYPE OF POLICY					\$					
<input type="checkbox"/> BOILER & MACHINERY					\$					
<input type="checkbox"/> OTHER					\$					
DESCRIPTION OF PREMISES/DESCRIPTION OF PROPERTY										
ALL CONDITIONS/OTHER COVERAGES										
CERTIFICATE HOLDER		CANCELLATION								
SWINE-1		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> 								
(D 24) (1/95)		ACORD CORPORATION 1995								

NOTE PAD
HOLDER COPE
INSURED'S NAME
END DATE
PAGE
MATERIALS
JOB ID: 02095007
DATE: 05/10/03
E: Exterior Building Repair - University of Houston - Clear Lake, Student Services/Classroom Building, Houston, TX JOB #02095007

5

ACORD CERTIFICATE OF LIABILITY INSURANCE				OP ID: SG MID-C-1	DATE (MM/DD/YYYY) 06/26/03																																																																			
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.																																																																						
Sifman, Remley & Assoc., Inc 101 Johnson Drive, Suite 500 Mission KS 66205 Phone: 913-831-1777 Fax: 913-831-4730		INSURERS AFFORDING COVERAGE			NAIC #																																																																			
Mid-Continental Restoration Co Inc. P O Box 429 Ft. Scott KS 66701		INSURER A:	St Paul Mercury Insurance Co																																																																					
		INSURER B:	St Paul Fire & Marine Ins Co																																																																					
		INSURER C:	WestPort Insurance Corporation																																																																					
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6

MARSH

CERTIFICATE

INSURANCE

CERTIFICATE NUMBER

NYC-001897757-047

ODUCER

Marsh USA Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: (212) 345-0000

RECEIVED
RECEIVED
JUN 11

JUN 03 2004
Lyda Swinerton
Builders Inc.

URED

INGERSOLL-RAND COMPANY
DBA ELECTRONIC TECHNOLOGIES CORPORATION
200 CHESTNUT RIDGE ROAD
WOODCLIFF LAKE, NJ 07675

Lyda Swinerton
Builders Inc.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY	A ACE AMERICAN INSURANCE COMPANY
COMPANY	B LEXINGTON INSURANCE COMPANY
COMPANY	C INDEMNITY INS CO OF N. AMERICA
COMPANY	D N/A

OVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
GENERAL LIABILITY	HDO G21690661	01/01/04	01/01/05	GENERAL AGGREGATE	\$ 5,000,000	
X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 5,000,000	
<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 5,000,000	
OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 5,000,000	
X CONTRACTUAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 1,000,000	
				MED EXP (Any one person)	\$ 10,000	
AUTOMOBILE LIABILITY	ISA HO 794097A	01/01/04	01/01/05	COMBINED SINGLE LIMIT	\$ 1,000,000	
X ANY AUTO				BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
X HIRED AUTOS						
X NON-OWNED AUTOS						
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
ANY AUTO				OTHER THAN AUTO ONLY:	\$	
				EACH ACCIDENT	\$	
				AGGREGATE	\$	
EXCESS LIABILITY	741-04-56	01/01/04	01/01/05	EACH OCCURRENCE	\$ 10,000,000	
X UMBRELLA FORM				AGGREGATE	\$ 10,000,000	
OTHER THAN UMBRELLA FORM					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLRC43970252 (AOS) SCF C43970215 (MA,WI)	01/01/04 01/01/04	01/01/05 01/01/05	X WC STATUTORY LIMITS	OTHE	
THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ 3,000,000	
OTHER				EL DISEASE-POLICY LIMIT	\$ 3,000,000	
				EL DISEASE-EACH EMPLOYEE	\$ 3,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JOB #020950070- UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES.

ATTACHED.

clay #498451

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Thomas A. Caldwell

MM1(3/02)

VALID AS OF: 05/21/04

POLICY NUMBER: HDO G21690661

ENDT. #16

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

- * SWINERTON BUILDERS CO., ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL HELLMUTH, OBATA & KASSABAUM, INC.: AND OTHER PARTIES AS REQUIRED BY OWNER AND/ OR CONSTRUCTION ACTIVITY

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of [REDACTED] premises owned by or rented to you.



OPTIONAL INFORMATIONDATE (MM/DD/YY)
05/21/04**PRODUCER**

Marsh USA Inc.
 1166 Avenue of the Americas
 New York, NY 10036
 Attn: (212) 345-6000

COMPANIES AFFORDING COVERAGE

COMPANY

E N/A

COMPANY

F

SURED

INGERSOLL-RAND COMPANY
 DBA ELECTRONIC TECHNOLOGIES CORPORATION
 200 CHESTNUT RIDGE ROAD
 WOODCLIFF LAKE, NJ 07675

COMPANY

G

COMPANY

H

EXCEPT FOR WORKERS COMPENSATION, EMPLOYER'S LIABILITY & AUTOMOBILE LIABILITY THE FOLLOWING SHALL BE INCLUDED AS ADDITIONAL INSURED(S):

SWINERTON BUILDERS COMPANY, ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL HELLMUTH, OBATA & KASSABAUM, INC.: AND THEIR PARTIES AS REQUIRED BY OWNER AND/OR CONSTRUCTION/ACTIVITY.

SUBJECT TO THE FOLLOWING LIMITATIONS: (1) THOSE ADDITIONAL INSURED(S) NAMED SHALL BE ENTITLED TO INDEMNIFICATION AS AN ADDITIONAL INSURED ONLY TO THE EXTENT OF ITS VICARIOUS LIABILITY ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND COMPANY, AND (2) THOSE ADDITIONAL INSURED(S) NAMED SHALL BE ENTITLED TO DEFENSE AS AN ADDITIONAL INSURED ONLY IF THE COMPLAINT AGAINST IT ALLEGES ONLY VICARIOUS LIABILITY OF THOSE ADDITIONAL INSURED(S) NAMED ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND COMPANY.

SWINERTON BUILDERS CO.
 55 WAUGH DRIVE, SUITE 1200
 HOUSTON, TX 77007

MARS USA INC. BY

Thomas A. Caldwell

Thomas A. Caldwell

MARSH**CERTIFICATE C****INSURANCE**CERTIFICATE NUMBER
NYC-00189775-03

PRODUCER

Marsh USA Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: (212) 345-6000

SURED

INGERSOLL-RAND COMPANY
DBA ELECTRONIC TECHNOLOGIES CORPORATION
200 CHESTNUT RIDGE ROAD
WOODCLIFF LAKE, NJ 07675

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS
NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE
POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE
AFFORDED BY THE POLICIES DESCRIBED HEREIN.

RECEIVED**COMPANIES AFFORDING COVERAGE 04**

COMPANY

A ACE AMERICAN INSURANCE CO

*Lydia Swinerton
Builders, Inc.*

COMPANY

B LEXINGTON INSURANCE COMPANY

COMPANY

C INDEMNITY INS CO OF N. AMERICA

COMPANY

D N/A

OVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY	HDO G21690661	01/01/04	01/01/05	GENERAL AGGREGATE	\$ 5,000,000
X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 5,000,000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 5,000,000
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 5,000,000
X CONTRACTUAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 1,000,000
				MED EXP (Any one person)	\$ 10,000
AUTOMOBILE LIABILITY	ISA HO 794097A	01/01/04	01/01/05	COMBINED SINGLE LIMIT	\$ 1,000,000
X ANY AUTO				BODILY INJURY (Per person)	\$
ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
SCHEDULED AUTOS				PROPERTY DAMAGE	\$
X HIRED AUTOS					
X NON-OWNED AUTOS					
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
				EACH ACCIDENT	\$
				AGGREGATE	\$
EXCESS LIABILITY	741-04-56	01/01/04	01/01/05	EACH OCCURRENCE	\$ 10,000,000
X UMBRELLA FORM				AGGREGATE	\$ 10,000,000
OTHER THAN UMBRELLA FORM					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X WC STATUTORY LIMITS	OTHE
THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WLRC43970252 (AOS) SCF C43970215 (MA,WI)	01/01/04 01/01/04	01/01/05 01/01/05	EL EACH ACCIDENT	\$ 3,000,000
OTHER				EL DISEASE-POLICY LIMIT	\$ 3,000,000
				EL DISEASE-EACH EMPLOYEE	\$ 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JOB #020950070- UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICES.

ATTACHED.

*Clear Lake***CERTIFICATE HOLDER**

SWINERTON BUILDERS CO.
55 WAUGH DRIVE, SUITE 1200
HOUSTON, TX 77007

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF,
THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE
CERTIFICATE HOLDER NAMED HEREIN. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE
ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Thomas A. Caldwell

Thomas A. Caldwell

MM1(3/02)

VALID AS OF: 05/20/04

ADDITIONAL INFORMATIONDATE (MM/DD/YY)
05/20/04**PRODUCER**

Marsh USA Inc.
 1166 Avenue of the Americas
 New York, NY 10036
 Attn: (212) 345-6000

INSURED

INGERSOLL-RAND COMPANY
 DBA ELECTRONIC TECHNOLOGIES CORPORATION
 200 CHESTNUT RIDGE ROAD
 WOODCLIFF LAKE, NJ 07675

COMPANIES AFFORDING COVERAGE	
COMPANY	E N/A
COMPANY	F
COMPANY	G
COMPANY	H

EXCEPT FOR WORKERS COMPENSATION, EMPLOYER'S LIABILITY & AUTOMOBILE LIABILITY THE FOLLOWING SHALL BE INCLUDED AS ADDITIONAL INSURED(S):

WINERTON BUILDERS COMPANY, ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL HELLMUTH, OBATA & KASSABAUM, INC.: ND THEIR PARTIES AS REQUIRED BY OWNER AND/OR CONSTRUCTION/ACTIVITY.

UBJECT TO THE FOLLOWING LIMITATIONS: (1) THOSE ADDITIONAL INSURED(S)NAMED SHALL BE ENTITLED TO INDEMNIFICATION AS AN ADDITIONAL INSURED ONLY TO THE EXTENT OF ITS VICARIOUS LIABILITY ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR /WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND COMPANY, AND (2) THOSE ADDITIONAL INSURED(S) NAMED SHALL BE ENTITLED TO DEFENSE AS AN ADDITIONAL INSURED ONLY IF THE COMPLAINT AGAINST IT ALLEGES ONLY VICARIOUS LIABILITY OF THOSE ADDITIONAL ISURED(S) NAMED ARISING SOLELY OUT OF THE ALLEGED NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS OF INGERSOLL RAND MPANY.

SWINERTON BUILDERS CO.
 55 WAUGH DRIVE, SUITE 1200
 HOUSTON, TX 77007

MARS USA INC. BY

Thomas A. Caldwell

Thomas A. Caldwell

POLICY NUMBER: HDO G21690661

ENDT. #16

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

- * SWINERTON BUILDERS CO., ITS PARENTS AND AFFILIATED COMPANIES, THE OWNERS, ETAL HELLMUTH, OBATA & KASSABAUM, INC.: AND OTHER PARTIES AS REQUIRED BY OWNER AND/ OR CONSTRUCTION ACTIVITY

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

- * Any person, organization, trustee or estate to whom or to which the named insured is obligated by virtue of any agreement, to provide insurance such as is afforded by this policy, but only to the extent and for such limits as the named insured has agreed prior to loss to provide insurance for such person, organization, trustee or estate. This insurance, provisions of this policy to the contrary notwithstanding, if the named insured has agreed to provide primary insurance, will be considered as primary insurance.

▼



7

ACORD CERTIFICATE OF INSURANCE					DATE (MM/DD/YY) 06/18/03									
PRODUCER Wellmann Insurance Agency, Inc 103 East Academy Street Brenham, TX 77833 (979) 836-3613		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Excel Plumbing, Inc. 11070 Regency Green Dr Cypress TX 77429		COMPANIES AFFORDING COVERAGE <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">COMPANY A</td> <td>Continental Western Ins Co</td> </tr> <tr> <td>COMPANY B</td> <td>Union Insurance Company</td> </tr> <tr> <td>COMPANY C</td> <td></td> </tr> <tr> <td>COMPANY D</td> <td></td> </tr> </table>					COMPANY A	Continental Western Ins Co	COMPANY B	Union Insurance Company	COMPANY C		COMPANY D	
COMPANY A	Continental Western Ins Co													
COMPANY B	Union Insurance Company													
COMPANY C														
COMPANY D														
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
A	GENERAL LIABILITY	TP 1790934-22	10/16/02	10/16/03	GENERAL AGGREGATE	\$ 2,000,000								
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000								
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000								
B	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000								
	AUTOMOBILE LIABILITY	TA 2333704-22	10/16/02	10/16/03	FIRE DAMAGE (Any one fire)	\$ 100,000								
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person)	\$ 5,000								
ALL OWNED AUTOS														
B	SCHEDULED AUTOS				COMBINED SINGLE LIMIT	\$ 1,000,000								
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per person)	\$								
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$								
C	GARAGE LIABILITY				PROPERTY DAMAGE	\$								
	<input checked="" type="checkbox"/> ANY AUTO													
A	EXCESS LIABILITY	WD 9048105-21	01/09/03	10/16/03	AUTO ONLY - EA ACCIDENT	\$								
	<input checked="" type="checkbox"/> UMBRELLA FORM													
	OTHER THAN UMBRELLA FORM													
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 2508582-22	10/16/02	10/16/03	EACH OCCURRENCE	\$ 4,000,000								
	<input checked="" type="checkbox"/> THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL													
	OTHER													
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS <p>Attn: Russell Wilson, FAX 713/986-1484</p> <p>GL - Certificate holder is an additional insured per attached form CG 20 10</p> <p>UNCI Student Services Project Swinerton Bldrs job No. 02095007</p>														
Swinerton Builders 55 Waugh Dr., STE 1200 Houston, TX 77007			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.											
			AUTHORIZED REPRESENTATIVE David Wellmann, CIC											

8-18-03; 1:59PM; UNIO

10 SA

210 979 8151

1 / S

TP 1790934 - 22

10/16/02

SA4

06/18/03

CG 20 10 03 97

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

TIMCO CUSTOM BUILDERS & CONTRACTORS,
INC.
P.O. BOX 243
CHANNELVIEW, TX 77530

EE REED CONSTRUCTION, L.C.
VANTAGE DEVELOPMENT #28, INC.
SOUTH TRUST BANK
P.O. BOX 108
SUGAR LAND, TX 77487-0108

COLLIER CONSTRUCTION
P.O. BOX 1889
BRENHAM, TX 77834-1889

Brae Burn Construction Company
Attn: Steve Smith
P.O. Box 742288
Houston, TX 77274

SCS Construction Management Inc
Attn: Al Weaver
7438 Wright Road
Houston, TX 77041

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Who Is An Insured (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

TP 1790934 - 22

10/16/02

SA4

06/18/03

CG 20 10 03 97

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART**SCHEDULE****Name of Person or Organization:**

EE REED CONSTRUCTION, L.C.
 VANTAGE DEVELOPMENT #24, INC.
 GUARANTY FEDERAL BANK, FSB
 P.O. BOX 108
 SUGAR LAND, TX 77487-0108

DYAD CONSTRUCTORS, INC.
 ITS OWNERS & ARCHITECTS.
 8505 HOLT STREET
 HOUSTON, TX 77054-4000

DALMAC CONSTRUCTION COMPANY
 TOMBALL ISD
 SHW GROUP, INC.
 11335 CLAY RD., SUITE 190
 HOUSTON, TX 77041

EE REED CONSTRUCTION LC
 CLAY CROSSING BUSINESS CENTER II, LP
 P.O. BOX 108
 SUGAR LAND, TX 77487-0108

Falcon Group Construction
 5225 Katy Freeway, Ste 530
 Houston, TX 77007

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Who Is An Insured (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

TP 1790934 - 22 10/16/02 SA6 06/18/03

CG 20 10 03 97

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Construction, LTD
1825 Upland
Houston, TX 77043

MARSHALL CONSTRUCTION CO., INC.
P.O. BOX 7538
HOUSTON, TX 77270-7538

Sterling Structures LP
9039 Kathy Freeway #301
Houston, TX 77024

Swinerton Builders
55 Waugh Drive, Ste 1200
Houston, TX 77007
Applies To: SWINERTON BUILDERS

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Who Is An Insured (Section III) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

TP 1790934 - 22

10/16/02

SA4

06/18/03

CG 02 05 01 96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS CHANGES - AMENDMENT OF CANCELLATION
PROVISIONS OR COVERAGE CHANGE.**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part, we agree to mail prior written notice of cancellation or material change to:

SCHEDULE

TIMCO CUSTOM BUILDERS & CONTRACTORS,
INC.
P.O. BOX 243
CHANNELVIEW, TX 77530

EE REED CONSTRUCTION, L.C.
VANTAGE DEVELOPMENT #28, INC.
SOUTH TRUST BANK
P.O. BOX 108
SUGAR LAND, TX 77487-0108

COLLIER CONSTRUCTION
P.O. BOX 1889
BREHMHAM, TX 77834-1889

Brae Burn Construction Company
Attn: Steve Smith
P.O. Box 742288
Houston, TX 77274

SCS Construction Management Inc
Attn: Al Weaver
7438 Wright Road
Houston, TX 77041

Number of days advance notice: 30

EE REED CONSTRUCTION, L.C.
VANTAGE DEVELOPMENT #24, INC.
GUARANTY FEDERAL BANK, FSB
P.O. BOX 108
SUGAR LAND, TX 77487-0108

DYAD CONSTRUCTORS, INC.
ITS OWNERS & ARCHITECTS
8505 HOLT STREET
HOUSTON, TX 77054-4000

DALMAC CONSTRUCTION COMPANY
TOMBALL ISD
SHW GROUP, INC.
11335 CLAY RD., SUITE 190
HOUSTON, TX 77041

EE REED CONSTRUCTION LC
CLAY CROSSING BUSINESS CENTER II, LP
P.O. BOX 108
SUGAR LAND, TX 77487-0108

Falcon Group Construction
5225 Katy Freeway, Ste 530
Houston, TX 77007

Number of days advance notice: 30

Construction, LTD
1825 Upland
Houston, TX 77043

MARSHALL CONSTRUCTION CO., INC.
P.O. BOX 7538
HOUSTON, TX 77270-7538

Sterling Structures LP
9039 Kathy Freeway #301
Houston, TX 77024

Swinerton Builders
55 Waugh Drive, Ste 1200
Houston, TX 77007
Applies To: SWINERTON BUILDERS

Number of days advance notice: 30

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

ACORD CERTIFICATE OF INSURANCE INFORMATION					DATE (MM/DD/YY) 03/18/03	
PRODUCER Wellmann Insurance Agency, Inc 103 East Academy Street Breham, TX 77833 (979) 836-3613		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
		COMPANIES AFFORDING COVERAGE				
		COMPANY A Continental Western Ins Co COMPANY B Union Insurance Company COMPANY C COMPANY D				
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	TP 1790934-22	10/16/02	10/16/03	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
B	AUTOMOBILE LIABILITY	TA 2333704-22	10/16/02	10/16/03	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
B	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input checked="" type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
					EACH ACCIDENT	\$
A	EXCESS LIABILITY	NU 9048105-21	01/09/03	10/16/03	AGGREGATE	\$
	<input checked="" type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$ 1,000,000
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 2508582-22	10/16/02	10/16/03	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-FR	\$
	<input checked="" type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE - POLICY LIMIT	\$ 1,000,000
	EL DISEASE - EA EMPLOYEE	\$ 1,000,000				
	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
Attn: Russell Wilson, FAX 713/986-1484 GL - Certificate holder is an additional insured per attached form CG 20 10 OHCI Student Services Project Swinerton Builders job No. 02095007						
Swinerton Builders 55 Waugh Dr., STE 1200 Houston, TX 77007			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REPRESENTATIVE <u>David Wellmann, CIC</u>			

TP 1.. -4- 22

10/16/02

REC

05/05/03



Continental Western Insurance Company
AMENDATORY ENDORSEMENT

Policy No. TP 1790934-22

5/15/03 db
CO 143
Cob 47

Named Insured and Address EXCEL PLUMBING, INC. 11070 REGENCY GREEN DRIVE CYPRESS, TX 77429	Agent Name and Address (979) 836-3613 WELLMANN INSURANCE AGENCY, INC 103 E ACADEMY BRENHAM, TX 77833	2526
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This endorsement, effective March 18, 2003, forms a part of Policy TP 1790934 - 22

\$ 12,989 ADJUSTED Annual Premium

§ 29 ADDITIONAL Premium For Endorsement

© 2014 REED MUSEUMS INC. ALL RIGHTS RESERVED.

ADD THE FOLLOWING AS ADDITIONAL INSURED WITH 30 DAY NOTICE OF CANCELLATION IN
REGARDS TO GENERAL LIABILITY - FORM CG 2010 APPLIES WITH \$50 CHARGE.
CG0205 APPLIES - NO CHARGE.

**SWINERTON BUILDERS
55 WAUGH DRIVE, STE 1200
HOUSTON, TX 77007**

8

CERTIFICATE OF LIABILITY INSURANCE

DATE
05/19/2004

PRODUCER JOHN T GARCIA INS AGENCY, INC. 10575 KATY FREEWAY, SUITE 315		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Cypress Industrial Coatings 2922 New Cypress Dr		INSURERS AFFORDING COVERAGE	
INSURED Cypress TX 77429-		INSURER A ATLANTIC CASUALTY	
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
			/ /	/ /	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> GENERAL LIABILITY		/ /	/ /	FIRE DAMAGE (Any one fire)	\$ 50,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	L-076001004	09/04/2003	09/04/2004	MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
			/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
			/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (EA accident)	\$
	ANY AUTO		/ /	/ /	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
	SCHFD/II FD AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	Hired AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
	NON OWNED AUTOS		/ /	/ /	OTHER THAN EA ACC AGG	\$
	GARAGE LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
	ANY AUTO		/ /	/ /	ACCUMULATE	\$
	EXCESS LIABILITY		/ /	/ /		\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /		\$
	DEDUCTIBLE		/ /	/ /		\$
	RFTNNTION \$		/ /	/ /		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU- ORY LIMITS	OTH- ER
			/ /	/ /	E.L. EACH ACCIDENT	\$
			/ /	/ /	E.L. DISEASE EA EMPLOYEE	\$
			/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$
	OTHER		/ /	/ /		

SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
F JOB #02095007 - UNIVERSITY OF HOUSTON CLEAR LAKE STUDENT SERVICE PROJECT - CERTIFICATE HOLDER IS SHOWN AS AN
ADDITIONAL INSURED

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
) - () -		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL XXXXXX MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
SWINERTON BUILDERS 55 WAUGH DR., STE 1200		AUTHORIZED REPRESENTATIVE
HOUSTON TX 77007-5837		

ORD 25-S (7/97)
- INS025S (9910) 02

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

FACSIMILE COVER PAGE

To : SWINERTON BLDRS
Sent : 5/27/2004 at 1:47:20 PM
Subject : CYPRESS IND. COATING

From : FIRE
Pages : 3 (including Cover)

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID MH CREAT-1	DATE (MM/DD/YYYY) 07/15/04
INSURER Hamann Insurance Agency 10 S. Main St., Suite A-1 City TX 77450 phone: 281-392-2886 Fax: 281-392-3291		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
CYPRESS INDUSTRIAL COATINGS STEVE ZAMBRELLI 15000 NEW CYPRESS DRIVE CYPRESS TX 77429		INSURERS AFFORDING COVERAGE INSURER A: AmComp Assurance #1308 INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDITIONAL INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
					GENERAL LIABILITY	
	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$
	GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY				PERSONAL & ADV INJURY	\$
	ALL AUTO				GENERAL AGGREGATE	\$
	ALL OWNED AUTOS				PRODUCTS - COM/OP AGG	\$
	SCHEDULED AUTOS					
	HIREDAUTOS					
	NON OWNED AUTOS					
	GARAGE LIABILITY				COMBINED SINGLE LIMIT (EA accident)	\$
	ALL AUTO				BODILY INJURY (Per person)	\$
	EXCESS UMBRELLA LIABILITY				BODILY INJURY (Per accident)	\$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident)	\$
	DEDUCTIBLE EXEMPTION \$				AUTO ONLY - EA ACCIDENT	\$
	WORKERS COMPENSATION AND EMPLOYER LIABILITY				OTHER THAN AUTO ONLY: EA ACC AGG	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MANAGER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	T.B.A.	03/25/04	03/25/05	EACH OCCURRENCE	\$
	OTHER				AGGREGATE	\$
						\$
						\$
						\$
					WC STATU- TORY LIMITS	OTHR ER
					E.L. EACH ACCIDENT	\$ 100,000
					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

B #02095007

CERTIFICATE HOLDER**CANCELLATION**

SWINERT

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSUREE, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Dennis Hamann

Dennis Hamann

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